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| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/780,363 |
| | Filing Date | February 17, 2004 |
| | First Named Inventor | Bryan S. Shelton et al. |
| | Title | LATERAL CONDUCTION SCHOTTKY DIODE WITH PLURAL MESAS |
| | Examiner Name | Scott R. Wilson |
| | Attorney Docket Number | 5510P203 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 08791

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 08791


OR

| | | | | | |
|--|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone | | Email | | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 C.F.R. 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

| | | | |
|---|---|-----------|--------------|
| SIGNATURE of Applicant or Assignee of Record | | | |
| Signature |  | | Date |
| Name | Clifford J. Walker | Telephone | 408-414-9608 |
| Title & Company: VP Corporate Development, Power Integrations, Inc. | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below. | | | |
| <input checked="" type="checkbox"/> *Total of 1 forms are submitted | | | |

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.